



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Foster, Robert A.
Assignee: Financial Systems Technology Pty. Ltd.
Title: Data Processing System For Pricing, Costing And Billing Of Financial Transactions
Serial No.: 09/183,335 Filing Date: October 30, 1998
Examiner: R. Fults Group Art Unit: 2164
Docket No.: M-7085 US

#4/a
P. Cohen
10-10-01

BOX Non Fee Amendment
COMMISSIONER FOR PATENTS
Washington, D. C. 20231

San Jose, California
October 2, 2001

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Technology Center 2100

AMENDMENT

Dear Sir:

This responds to the office action dated July 2, 2001. Please amend the above-referenced application as follows.

IN THE SPECIFICATION

Please amend the paragraphs of the specification as indicated in the mark-up of those paragraphs in Attachment A. The following paragraphs are clean versions of the amended paragraphs.

Please replace the paragraph starting on page 11, line 8 with the following replacement paragraph.

Assume the data processing system needs to find the Billing Category for CAA subordinate account "1111111111-01DDA". Further assume that the product code is "35"; account is the CAA main account "2222222222-01DDA"; and the CAA main account

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Docket No.: M-7085 US

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25 Metro Drive
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PATENT & TRADEMARK OFFICE
BOTH NON-FEE AMENDMENT
Commissioner For Patents
Washington, D.C. 20231

Re: Applicant(s): Foster, Robert A.
Assignee: Financial Systems Technology Pty. Ltd.
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Financial Transactions
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Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate); and
- (3) Amendment (10 pages).

☒ No additional fee is required.

CLAIMS AS AMENDED

	<u>Claims Remaining After Amendment</u>		<u>Highest No. Previously Paid For</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Additional Fee</u>
Total Claims	29	Minus	29	=	0	x \$18.00	\$ 0.00
Independent Claims	2	Minus	3	=	0	x \$80.00	\$ 0.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application						\$
<input type="checkbox"/>	Fee for Request for Extension of Time						\$
<u>Total additional fee for this Amendment:</u>							\$ <u>0.00</u>
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.						
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 19-2386 in the amount of						\$ <u>0.00</u>
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.						
Total:							\$ 0.00

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Respectfully submitted,

R. Leiterman

Rachel V. Leiterman
Attorney for Applicant(s)
Reg. No. 46,868